

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00062864	2 Total pages filed: 77	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Marlene	MI MI
	NICKNAME	LAST Gonzalez	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023

Date Received ELECTRONICALLY FILED 02/14/2026	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION

After a comprehensive review of all campaign finance reports on February 2, 2026, the campaign identified an in-kind contribution that was not disclosed in the financial report filed on October 10, 2023.

On July 20, 2023, during a political fundraising event held at 521 Texas Avenue, El Paso, Texas, the campaign received an in-kind contribution associated with the event. The contribution had an approximate fair market value of \$2,000.00. (Note there were 2 performances during this reporting period) (July 20, 2023 and November 16, 2023)

The omission was inadvertent and administrative in nature and was discovered during the review of campaign financial records. At no time was there any intent to mislead, misrepresent, or withhold required information.

This amendment is submitted in good faith to ensure accuracy, transparency, and full compliance with the Texas Election Code and Texas Ethics Commission reporting requirements.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Marlene Gonzalez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Gonzalez, Marlene (The Honorable) **14** Filer ID (Ethics Commission Filers)
00062864

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	37,060.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	23,797.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,488.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Marlene Gonzalez
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Gonzalez, Marlene (The Honorable)	19 Filer ID (Ethics Commission Filers) 00062864
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 30,085.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,975.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,360.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 423.58
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,013.20
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/26 Rpt: 5/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABOUD, SAM	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation PHARMACIST		9 Contributor's Job Title PHARMACIST
10 Contributor's employer/law firm LA FE CLINICA		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUILAR , MARIA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUIRRE, HENRY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm AGUIRRE LAW OFFICE		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/26 Rpt: 6/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDERETE, ALFREDO	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation COURT COORDINATOR		9 Contributor's Job Title COURT COORDINATOR
10 Contributor's employer/law firm EL PASO COUNTY		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARANDA, MARCO	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm ARANDA LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, BONNETTE F	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code EL PASO, TX 79907	
Contributor's Principal Occupation SELF EMPLOYED		Contributor's Job Title SELF EMPLOYED
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/26 Rpt: 7/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, CHRIS	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm BRADLEY ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARDONA, NELSON	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, RICHARD	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm RICHARD CONTRERAS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/26 Rpt: 8/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, MARK <hr/> 6 Contributor address; City; State; Zip Code EL PASO, TX 79925	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm MARK DAVIS ATTORNEYS AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, OUISA <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79901	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm OUISA DAVIS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DE LA PAZ TORRES, RAMONA <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79930	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/26 Rpt: 9/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBOURD, BRIANNA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79938	
8 Contributor's Principal Occupation MEDICAL ASSISTANT		9 Contributor's Job Title MEDICAL ASSISTANT
10 Contributor's employer/law firm PROVIDENCE HOSPITAL		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, ROBERT	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79912-6150	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm GORDON, DAVIS & JOHNSON ATTORNEY'S		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIERRO, ERIKA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code EL PASO, TX 79915	
Contributor's Principal Occupation TEACHER		Contributor's Job Title TEACHER
Contributor's employer/law firm YSID		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/26 Rpt: 10/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, ELIZABETH	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79907	
8 Contributor's Principal Occupation SELF EMPLOYED		9 Contributor's Job Title SELF EMPLOYED
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, MICHAEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79938	
Contributor's Principal Occupation PROJECT MANAGER		Contributor's Job Title PROJECT MANAGER
Contributor's employer/law firm LOWER VALLEY WATER DISTRICT		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES Jr., CLUDIO (Mr.)	Amount of Contribution (\$) \$550.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm CLAUDIO FLORES JR. ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/26 Rpt: 11/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, LETICIA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code El Paso , TX 79902	
8 Contributor's Principal Occupation PARALEGAL		9 Contributor's Job Title PARALEGAL
10 Contributor's employer/law firm PAULA THOMAS ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDEN, ELIZABETH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, JANETTE	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation Retired Teacher		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/26 Rpt: 12/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, JANETTE	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79936	
8 Contributor's Principal Occupation Retired Teacher		9 Contributor's Job Title Retired Teacher
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUARDADO, DIANA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation STAY AT HOME MOM		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, HEATHER	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm HEATHER HALL GROUP		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/26 Rpt: 13/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 08/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER, RONCONI	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79902	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, JULIAN	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation REALTOR		Contributor's Job Title REALTOR
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RUBEN	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/26 Rpt: 14/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUERTA, MONICA	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79936	
8 Contributor's Principal Occupation SELF EMPLOYED		9 Contributor's Job Title SELF EMPLOYED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HYUNH, SARA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77036	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm THE HYUNH LAW FIRM		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISLAS, NORMA	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code EL PASO, TX 79925	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title IMMIGRATION ATTORNEY
Contributor's employer/law firm NORMA ISLAS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) NONE		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/26 Rpt: 15/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOPLING, JIM	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm JIM JOPLIN ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOCH, CRISTINA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation SELF EMPLOYED		Contributor's Job Title SELF EMPLOYED
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAMER, VALERIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code RIDGECREST , CA 93555	
Contributor's Principal Occupation CPA		Contributor's Job Title CPA
Contributor's employer/law firm US NAVY		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/26 Rpt: 16/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, MARINA	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79912	
8 Contributor's Principal Occupation PUBLICIST		9 Contributor's Job Title FREELANCER
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMPKE, JASON	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation Attorney at Law		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Jason Lempke Attorney at Law		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LERMA, EDUARDO	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNET
Contributor's employer/law firm LERMA LAW		Law firm of contributor's spouse (if any) LERMA LAW
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/26 Rpt: 17/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIZARRAGA, CISSY	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79912	
8 Contributor's Principal Occupation RETIRED COUNCIL WOMAN		9 Contributor's Job Title RETIRED
10 Contributor's employer/law firm RETIRED		11 Law firm of contributor's spouse (if any) STATE OF TEXAS
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONGORIA, VIRGINIA	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm VIRGINIA LONGORIA ATTORNEY		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONGORIA, VIRGINIA	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm LAW OFFICE OF VIRGINIA LONGORIA		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/26 Rpt: 18/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCAS, DOLORES	7 Amount of Contribution (\$) \$1,250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79930	
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title N/A
10 Contributor's employer/law firm DOES NOT APPLY		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCAS, JAMES	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ASSOCIATE JUDGE		Contributor's Job Title ASSOCIATE JUDGE
Contributor's employer/law firm EL PASO COUNTY		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALDONADO, LEONARDO	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm LEONARDO MALDONADO ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/26 Rpt: 19/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, MARIO	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79902	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm MARIO MARTINEZ ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYORGA, MARTHA	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code EL PASO, TX 79938	
Contributor's Principal Occupation SELF EMPLOYED		Contributor's Job Title SELF EMPLOYED
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGLASHAN, WILLIAM	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm ORTEGA AND MCGLASHEN		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/26 Rpt: 20/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MENA, DANIEL	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79902	
8 Contributor's Principal Occupation ATTIRNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm DANIEL MENA ATTORNEY		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MULLIN, ABBIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm LAW OFFICE PEASE & ASSOCIATES		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MULLIN, JOSEPH	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title PUBLIC DEFENDER
Contributor's employer/law firm EL PASO COUNTY-PUBLIC DEFENDER OFFICE		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/26 Rpt: 21/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, RUBEN	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79936	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm RUBEN ORTIZ ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATINO, VIVIANA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm EL PASO COUNTY PUBLIC DEFENDER OFFICE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEASE, ISMAEL	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm PEASE & ASSOCIATES		Law firm of contributor's spouse (if any) PEASE & ASSOCIATES
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/26 Rpt: 22/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEON, PERLA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79925	
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title RETIRED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINONES, CARLOS	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79936	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm CARLOS QUINONEZ ATTORNEY AT LAW		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMIREZ, ENRIQUE	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm ENRIQUE RAMIREZ ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/26 Rpt: 23/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIOS, ERICA <hr/> 6 Contributor address; City; State; Zip Code ELC PASO, TX 79901	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm ERICA RIOS ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) NONE
12 If contributor is a child, law firm of parent(s) (if any) NONE N/A		
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, PEDRO <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79936	Amount of Contribution (\$) \$60.00
Contributor's Principal Occupation FIREFIGHTER		Contributor's Job Title FIREFIGHTER
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSENBAUM, NOEL <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/26 Rpt: 24/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALDIVAR, FELIX	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79936	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm FELIX SALDIVAR JR. ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANTIAGO, LYNN	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code EL PASO, TX 79915	
Contributor's Principal Occupation INVESTIGATOR		Contributor's Job Title SCIENTIFIC INVESTIGATOR
Contributor's employer/law firm DEPARTMENT ON HOMELAND SECURITY		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHELLE	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/26 Rpt: 25/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, JOE A.	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79902	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm JOE A. SPENCER ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCER, JOSHUA	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm SPENCER LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRAN, MIGUEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79912	
Contributor's Principal Occupation Self Employed		Contributor's Job Title Self Employed
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/26 Rpt: 26/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRAZA, VICTORIA	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79902	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm VICTORIA TERRAZAS ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, CARTER	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79912	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm THOMAS CARTER ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, PAULA	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code El Paso, TX 79903	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm PAULA L. THOMAS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/26 Rpt: 27/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, ORLANDO	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm ORLANDO TORRES ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROCHE, JOSE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm JOSE TROCHE ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URAGA, JUAN	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm URAGA LAW OFFICE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/26 Rpt: 28/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALDEZ, ALEJANDRA	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation ATTORNEY AT LAW		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm YANEZ LAW OFFICE		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELARDE, REY	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code EL PASO, TX 79902	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY
Contributor's employer/law firm REY VELARDE ATTORNEY		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELOZ, ELIZABETH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79927	
Contributor's Principal Occupation SELF EMPLOYED		Contributor's Job Title SELF EMPLOYED
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/26 Rpt: 29/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLEAUX, ROSALINA	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79938	
8 Contributor's Principal Occupation SELF EMPLOYED		9 Contributor's Job Title SELF EMPLOYED
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM, JOHN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm JOHN WILLIAMS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, MARIA CASTANON	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code EL PASO, TX 79925	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/26 Rpt: 30/77
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANEZ, LUIS	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code EL PASO, TX 79901	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY AT LAW
10 Contributor's employer/law firm LAW OFFICE LUIS YANEZ		11 Law firm of contributor's spouse (if any) NONE
12 If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANEZ, LUIS	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm YANEZ LAW OFFICE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANEZ, LUIS	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code EL PASO, TX 79901	
Contributor's Principal Occupation ATTORNEY AT LAW		Contributor's Job Title ATTORNEY AT LAW
Contributor's employer/law firm YANEZ LAW OFFICE		Law firm of contributor's spouse (if any) NONE
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 31/77	
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/16/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALDERETE, ALFREDO	8 Amount of contribution (\$) \$550.00	9 In-kind contribution description DECOR EVENT
	7 Contributor address; City; State; Zip Code EL PASO, TX 79901		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) COURT COORDINATOR		13 Contributor's job title (FOR JUDICIAL) (See instructions) COURT COORDINATOR	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, ROY	Amount of contribution (\$) \$2,000.00	In-kind contribution description Performance Musical and Sound at fundraising event held at La Mujer Obrera
	Contributor address; City; State; Zip Code EL PASO, TX 79904		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) BAILIFF		Contributor's job title (FOR JUDICIAL) (See instructions) BAILIFF	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, ROY	Amount of contribution (\$) \$2,000.00	In-kind contribution description Musical Performance at 501 Bistro Fundraiser.
	Contributor address; City; State; Zip Code EL PASO, TX 79904		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) BAILIFF		Contributor's job title (FOR JUDICIAL) (See instructions) BAILIFF	
Contributor's employer/law firm (FOR JUDICIAL) NONE		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
N/A		N/A	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 32/77	
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/16/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FONT, ANEL	8 Amount of contribution (\$) \$575.00	9 In-kind contribution description BLOCK WALKING
	7 Contributor address; City; State; Zip Code El Paso, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Consultant		13 Contributor's job title (FOR JUDICIAL) (See instructions) Consultant	
14 Contributor's employer/law firm (FOR JUDICIAL) none		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FONT, ANEL	Amount of contribution (\$) \$350.00	In-kind contribution description Decor Balloons Fundraiser
	Contributor address; City; State; Zip Code El Paso, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Decorator		Contributor's job title (FOR JUDICIAL) (See instructions) Homewife	
Contributor's employer/law firm (FOR JUDICIAL) None		Law firm of contributor's spouse (if any) (FOR JUDICIAL) None	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ADA	Amount of contribution (\$) \$350.00	In-kind contribution description Volunteer and Voters push cards organization
	Contributor address; City; State; Zip Code EL PASO, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) RETIRED TEACHER		Contributor's job title (FOR JUDICIAL) (See instructions) RETIRED	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 33/77	
2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/30/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ANDREW	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description SIGN BUILDING
	7 Contributor address; City; State; Zip Code El Paso, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) HANDY MAN		13 Contributor's job title (FOR JUDICIAL) (See instructions) HANDY MAN	
14 Contributor's employer/law firm (FOR JUDICIAL) HANDY ANDY SERVICES		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) NONE	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ANDREW	Amount of contribution (\$) \$150.00	In-kind contribution description SIGN INSTALLATION
	Contributor address; City; State; Zip Code El Paso, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) HANDY MAN		Contributor's job title (FOR JUDICIAL) (See instructions) HANDY MAN	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, HECTOR	Amount of contribution (\$) \$500.00	In-kind contribution description SIGN BUILDING AND DISTRIBUTION
	Contributor address; City; State; Zip Code EL PASO, TX 79936	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) CONFIDENTIAL		Contributor's job title (FOR JUDICIAL) (See instructions) CONFIDENTIAL	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A		N/A	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/27 Rpt: 34/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 07/16/2023	5 Payee name 501 BISTRO
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6 Amount (\$) \$1,350.00	7 Payee address; City; State; Zip Code 501 TEXAS AVE EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER EVENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/03/2023	Payee name 787 Coffee
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Amount (\$) \$28.42	Payee address; City; State; Zip Code 5038 Alameda Dr El Paso, TX 79905
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name AMAZON MARKETPLACE
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Amount (\$) \$156.62	Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER THANK YOU GUFTS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/27 Rpt: 35/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 12/06/2023	5 Payee name AMAZON MARKETPLACE
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6 Amount (\$) \$163.35	7 Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFTS FOR VOLUNTEERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2023	Payee name AMAZON MARKETPLACE
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Amount (\$) \$138.27	Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BALLOONS AND DECOR FOR EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name AT&T
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Amount (\$) \$97.20	Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/27 Rpt: 36/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 11/16/2023	5 Payee name AT&T
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6 Amount (\$) \$97.60	7 Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2023	Payee name AT&T
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Amount (\$) \$97.60	Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2023	Payee name AT&T
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Amount (\$) \$97.60	Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/27 Rpt: 37/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/16/2023	5 Payee name AT&T	
6 Amount (\$) \$97.60	7 Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2023	Payee name AT&T	
Amount (\$) \$97.60	Payee address; City; State; Zip Code 5400 MONTANA AVE EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PHONE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/06/2023	Payee name BANNERS ON THE CHEAP	
Amount (\$) \$178.74	Payee address; City; State; Zip Code 11525 A Stonehollow Dr AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/27 Rpt: 38/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 07/06/2023	5 Payee name BANNERS ON THE CHEAP
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6 Amount (\$) \$178.74	7 Payee address; City; State; Zip Code 11525 A Stonehollow Dr AUSTIN, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2023	Payee name BEE'S PASTRY
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Amount (\$) \$11.36	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2023	Payee name BEE'S PASTRY
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Amount (\$) \$32.44	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/27 Rpt: 39/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/23/2023	5 Payee name BEE'S PASTRY	
6 Amount (\$) \$165.00	7 Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD EXPENSE - BLOCK WALKING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2023	Payee name BEE'S PASTRY	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS BLOCK WALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2023	Payee name BEE'S PASTRY	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/27 Rpt: 40/77	2	FILER NAME Gonzalez, Marlene (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062864
4	Date 07/16/2023	5	Payee name BEE'S PASTRY		
6	Amount (\$) \$150.00	7	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SWEETS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/18/2023		Payee name BORREGO PRINTING		
	Amount (\$) \$479.83		Payee address; City; State; Zip Code 1155 LARRY MAHAN DR. EL PASO, TX 79925		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER FOR FUNDRAISER		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/16/2023		Payee name CAFE MAYAPAN		
	Amount (\$) \$1,350.00		Payee address; City; State; Zip Code 2000 TEXAS AVE EL PASO, TX 79901		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/27 Rpt: 41/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/18/2023	5 Payee name CAMPAIGN VERIFY	
6 Amount (\$) \$95.00	7 Payee address; City; State; Zip Code PO Box 3554 Washington, WA 20007-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN VERIFICATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN VERIFICATION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name CANVA	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPUTER PROGRAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name CANVA	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DESIGN ART PROGRAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/27 Rpt: 42/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/30/2023	5 Payee name CANVA	
6 Amount (\$) \$12.99	7 Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DESIGN ART PROGRAM
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name CANVA	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DESIGN ART PROGRAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name CANVA	
Amount (\$) \$12.99	Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ART DESIGN PROGRAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/27 Rpt: 43/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 12/30/2023	5 Payee name CANVA
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6 Amount (\$) \$12.99	7 Payee address; City; State; Zip Code 200 E. 6TH STREET AUSTIN, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ART DESIGN PROGRAM
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2023	Payee name COGNET
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Amount (\$) \$525.00	Payee address; City; State; Zip Code PO BOX 536421 ORLANDO, FL 32853
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB PAGE CREATION AND CONSULTING EXPENSE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2023	Payee name COGNET
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Amount (\$) \$30.00	Payee address; City; State; Zip Code PO BOX 536421 ORLANDO, FL 32853
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLYERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/27 Rpt: 44/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/07/2023	5 Payee name COGNET	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code PO BOX 536421 ORLANDO, FL 32853	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL ACCOUNT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2023	Payee name COGNET	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO BOX 536421 ORLANDO, FL 32853	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB PAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name COGNET	
Amount (\$) \$202.05	Payee address; City; State; Zip Code PO BOX 536421 ORLANDO, FL 32853	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STICKERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/27 Rpt: 45/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/23/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKER EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/27 Rpt: 46/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/13/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$310.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DESIGN OF BANNERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STRATEGY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/27 Rpt: 47/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/28/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COORDINATION FUNDRAISER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STRATEGY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STRATEGY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/27 Rpt: 48/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/19/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$435.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING FLYERS AND MAILERS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/27 Rpt: 49/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/31/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STRATEGY ANALYSIS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2023	Payee name CREATIVE CONSULTING EP TX	
Amount (\$) \$475.00	Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/27 Rpt: 50/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/15/2023	5 Payee name CREATIVE CONSULTING EP TX	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 912 Magoffin Ave EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T SHIRTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name Checks Unlimited	
Amount (\$) \$79.92	Payee address; City; State; Zip Code PO BOX 18500 COLORADO SPRINGS, CO 80935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CHECKS PRINTED	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHECKS PRINTED
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name DIGITAL ROOM	
Amount (\$) \$174.76	Payee address; City; State; Zip Code 8000 Haskell Ave, Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINT SHOP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/27 Rpt: 51/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/14/2023	5 Payee name DOLLAR GENERAL	
6 Amount (\$) \$54.13	7 Payee address; City; State; Zip Code 500 N. PIEDRAS EL PASO, TX 79903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKERS GOODIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2023	Payee name EAST SIDE DEMOCRATS	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 11231 PEACEPIPE LN EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARIACHIS DONATION CHRISTMAS PARTY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name GOLDEN CORRAL	
Amount (\$) \$85.00	Payee address; City; State; Zip Code 7420 N. MESA EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD/VOLUNTEER WEST SIDE MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/27 Rpt: 52/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/11/2023	5 Payee name LINKS	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code PO BOX 370755 EL PASO, TX 79937-0755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION FOR EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2023	Payee name LIP BALM EXPRESS	
Amount (\$) \$151.00	Payee address; City; State; Zip Code 912 HENDRICKS RD MENTOR, OH 44060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHAPSTICKS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name LIP BALM EXPRESS	
Amount (\$) \$222.00	Payee address; City; State; Zip Code 912 HENDRICKS RD MENTOR, OH 44060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHAPSTICKS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/27 Rpt: 53/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 09/05/2023	5 Payee name LIP BALM EXPRESS
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6 Amount (\$) \$81.00	7 Payee address; City; State; Zip Code 912 HENDRICKS RD MENTOR, OH 44060
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHAPSTICKS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2023	Payee name LIP BALM EXPRESS
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Amount (\$) \$115.50	Payee address; City; State; Zip Code 912 HENDRICKS RD MENTOR, OH 44060
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHAPSTICKS WITH LOGO
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/18/2023	Payee name LOZANO, MONICA
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Amount (\$) \$55.00	Payee address; City; State; Zip Code 110 MONTECILLO SUITE b EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PICTURE RE-TOUCH
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/27 Rpt: 54/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 11/08/2023	5 Payee name NEXT DAY FLYERS
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6 Amount (\$) \$174.76	7 Payee address; City; State; Zip Code 10930 SANTA MONICA LOS ANGELES, TX 90025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUSINESS CARDS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/08/2023	Payee name NEXT DAY FLYERS
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Amount (\$) \$158.16	Payee address; City; State; Zip Code 10930 SANTA MONICA LOS ANGELES, TX 90025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2023	Payee name NEXT DAY FLYERS
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Amount (\$) \$152.44	Payee address; City; State; Zip Code 10930 SANTA MONICA LOS ANGELES, TX 90025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/27 Rpt: 55/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 09/11/2023	5 Payee name NEXT DAY FLYERS
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6 Amount (\$) \$174.72	7 Payee address; City; State; Zip Code 10930 SANTA MONICA LOS ANGELES, TX 90025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/11/2023	Payee name PAY PAL
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Amount (\$) \$14.94	Payee address; City; State; Zip Code 2211 North First Street SAN JOSE, CA 95131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees of Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name PAY PAL
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Amount (\$) \$127.30	Payee address; City; State; Zip Code 2211 North First Street SAN JOSE, CA 95131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DISCOUNT FOR PAYPAL TRANSACTIONS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/27 Rpt: 56/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/09/2023	5 Payee name RC GRAPHICS DESIGN	
6 Amount (\$) \$595.38	7 Payee address; City; State; Zip Code 12230 Coral Gate Dr, El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name RC GRAPHICS DESIGN	
Amount (\$) \$254.39	Payee address; City; State; Zip Code 12230 Coral Gate Dr, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name SIGNS ON THE CHEAP	
Amount (\$) \$608.67	Payee address; City; State; Zip Code 1125A STONEHOLLOW SUITE 100 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/27 Rpt: 57/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/03/2023	5 Payee name SIGNS ON THE CHEAP	
6 Amount (\$) \$535.19	7 Payee address; City; State; Zip Code 1125A STONEHOLLOW SUITE 100 AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS EXPENSE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2023	Payee name SWEETS DIVAS AND MORE	
Amount (\$) \$162.00	Payee address; City; State; Zip Code 10948 GOLDEN POND DR El Paso, TX 79934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MINI CATERING AND COOKIES FOR TARDEADA
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name UPRINTING	
Amount (\$) \$84.27	Payee address; City; State; Zip Code 8000 HASKELL AVE VAN NUYS, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR MAGNETS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/27 Rpt: 58/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 08/10/2023	5 Payee name WIX INC.	
6 Amount (\$) \$187.05	7 Payee address; City; State; Zip Code 1691 MICHIGAN BLVD MIAMI BEACH, FL 33139	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB PAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2023	Payee name ZAPA GRAPHICS	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FULL COLOR BANNERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name ZAPA GRAPHICS	
Amount (\$) \$108.14	Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS FULL COLOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/27 Rpt: 59/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/11/2023	5 Payee name ZAPA GRAPHICS	
6 Amount (\$) \$313.92	7 Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FULL COLORS BANNERS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/24/2023	Payee name ZAPA GRAPHICS	
Amount (\$) \$43.30	Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/09/2023	Payee name ZAPA GRAPHICS	
Amount (\$) \$109.00	Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/27 Rpt: 60/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/12/2023	5 Payee name ZAPA GRAPHICS	
6 Amount (\$) \$259.80	7 Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 61/77	2 FILER NAME Gonzalez, Marlene (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062864
4 CREDIT CARD ISSUER	Name of financial institution		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$423.58	(b) Date of Charge 12/31/2023	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name BANNERS ON THE CHEAP	(b) Payee address; City, State, Zip Code 11525 A Stonehollow Dr AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/16 Rpt: 62/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/31/2023	5 Payee name ADVANCE AUTO PARTS	
6 Amount (\$) \$16.23 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1910 GEORGE DIETER EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAR EXPENSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name BARRIO KITCHEN	
Amount (\$) \$252.09 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 502 OREGON ST EL PASO , TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER GRATITUDE DINNER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2023	Payee name BEE'S PASTRY	
Amount (\$) \$63.61 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12295 PELICANO DR. EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/16 Rpt: 63/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/01/2023	5 Payee name BEST BUY	
6 Amount (\$) \$109.32 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8889 GATEWAY BLVD W EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INK FOR PRINTERS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name CAFE MAYAPAN	
Amount (\$) \$39.72 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2000 TEXAS AVE EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2023	Payee name CAFE MAYAPAN	
Amount (\$) \$35.94 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2000 TEXAS AVE EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/16 Rpt: 64/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 12/06/2023	5 Payee name CAFE MAYAPAN
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6 Amount (\$) \$37.30 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2000 TEXAS AVE EL PASO, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEALS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2023	Payee name CARNITAS QUERETARO
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Amount (\$) \$163.49 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9077 GATEWAY BLVD EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2023	Payee name CICI'S PIZZA
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Amount (\$) \$61.29 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 N. ZARAGOZA EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/16 Rpt: 65/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/28/2023	5 Payee name CICI'S PIZZA	
6 Amount (\$) \$56.85 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1700 N. ZARAGOZA EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name COSTCO	
Amount (\$) \$47.58 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GASOLINE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK-WALKING EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name COSTCO	
Amount (\$) \$38.83 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GASOLINE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/16 Rpt: 66/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/10/2023	5 Payee name COSTCO	
6 Amount (\$) \$40.27 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GASOLINE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2023	Payee name COSTCO	
Amount (\$) \$52.85 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GASOLINE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name COSTCO	
Amount (\$) \$33.81 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GASOLINE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKING/SIGNAGE TEAM
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/16 Rpt: 67/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/02/2023	5 Payee name COSTCO	
6 Amount (\$) \$58.79 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GASOLINE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCKWALKING EXPENSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name COSTCO	
Amount (\$) \$38.01 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCKWALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name COSTCO	
Amount (\$) \$32.73 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GASOLINE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCKWALKING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/16 Rpt: 68/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/23/2023	5 Payee name COSTCO	
6 Amount (\$) \$25.18 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6101 GATEWAY WEST A-1 EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCKWALKING GASOLINE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2023	Payee name CRAKEL BARREL	
Amount (\$) \$43.24 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7540 REMCON CIR EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2023	Payee name DENNY'S RESTAURANT	
Amount (\$) \$28.56 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4690 WOODROW BEAN EL PASO, TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/16 Rpt: 69/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 07/07/2023	5 Payee name DOLLAR TREE	
6 Amount (\$) \$47.58 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11240 MONTWOOD DR. EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECOR FUNDRAISER
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/29/2023	Payee name DONUTS HOT & FRESH	
Amount (\$) \$21.02 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14407 GEORGE DIETER EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/19/2023	Payee name DONUTS HOT & FRESH	
Amount (\$) \$34.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14407 GEORGE DIETER EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 9/16 Rpt: 70/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/07/2023	5 Payee name DONUTS HOT & FRESH	
6 Amount (\$) \$16.67 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 14407 GEORGE DIETER EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name EL PASO COUNTY DEMOCRATIC PARTY	
Amount (\$) \$1,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1401 MONTANA SUITE E EL PASO, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARTY FEES FOR CANDIDATE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2023	Payee name HOBBY LOBBY	
Amount (\$) \$20.82 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1861 JOE BATTLE EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 10/16 Rpt: 71/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/22/2023	5 Payee name HOME DEPOT	
6 Amount (\$) \$28.40 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12221 MONTWOOD DR. EL PASO, TX 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WOOD FOR SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/03/2023	Payee name HOME DEPOT	
Amount (\$) \$3.79 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12221 MONTWOOD DR. EL PASO, TX 79928	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) WOOD NAILS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGAGE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/21/2023	Payee name KRISPY KREME	
Amount (\$) \$16.99 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11915 GATEWAY BLVD WEST EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOODIES TO LOCAL NEIGHBOOD ASSOCIATION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 11/16 Rpt: 72/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 09/21/2023	5 Payee name KRISPY KREME	
6 Amount (\$) \$18.49 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11915 GATEWAY BLVD WEST EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER TREATS
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/08/2023	Payee name LOWE'S	
Amount (\$) \$96.78 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11950 ROJAS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SINAGAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WOOD/MATERIALS FOR SIGNS DISPLAY
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/26/2023	Payee name LOWE'S	
Amount (\$) \$43.34 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11950 ROJAS DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WOOD FOR SIGNAGE DISPLAY
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 12/16 Rpt: 73/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
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4 Date 07/29/2023	5 Payee name MAMASITAS RESTAURANT
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6 Amount (\$) \$42.84 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1580 CLINT CUTOFF CLINT, TX 79836
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS MEETING
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/29/2023	Payee name MAMASITAS RESTAURANT
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Amount (\$) \$57.47 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1580 CLINT CUTOFF CLINT, TX 79836
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2023	Payee name MARSHALLS
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Amount (\$) \$170.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1858 JOE BATTLE BLVD EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER GIFTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 13/16 Rpt: 74/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/23/2023	5 Payee name MC DONALDS	
6 Amount (\$) \$30.87 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7001 S. DESERT BLVD EL PASO, TX 79635	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER FOOD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name SALT AND HONEY	
Amount (\$) \$68.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 801 N. PIEDRAS EL PASO, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name SAM'S CLUB	
Amount (\$) \$153.83 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9498 GATEWAY NORTH EL PASO, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 14/16 Rpt: 75/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 10/14/2023	5 Payee name SAM'S CLUB	
6 Amount (\$) \$37.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9498 GATEWAY NORTH EL PASO, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2023	Payee name TACO BELL	
Amount (\$) \$22.72 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 N. Lee Trevino EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2023	Payee name TACO CABANA	
Amount (\$) \$27.66 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1777 LEE TREVINO DR EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 15/16 Rpt: 76/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 12/06/2023	5 Payee name TARGET	
6 Amount (\$) \$33.20 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1901 GEORGE DIETER EL PASO, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INK AND THANK YOU CARDS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2023	Payee name USPS	
Amount (\$) \$19.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2100 GEORGE DIETER EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE PRECINT CHAIRS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name USPS	
Amount (\$) \$19.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2100 GEORGE DIETER EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POSTAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRECINT CHAIRS POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
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Food/Beverage Expense
Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 16/16 Rpt: 77/77	2 FILER NAME Gonzalez, Marlene (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062864
4 Date 11/09/2023	5 Payee name Walmart Super-center	
6 Amount (\$) \$65.55 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4530 Woodrowbean El Paso, TX 79924	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEERS GIFTS
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/09/2023	Payee name Wendy Restaurant	
Amount (\$) \$42.17 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 825 N. Zaragoza El Paso, TX 79928	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/03/2023	Payee name ZAPA GRAPHICS	
Amount (\$) \$97.42 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3410 WICKHAM AVE. SUITE 100 EL PASO, TX 79904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VEHICLE MAGNETS
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	